

American Journal of Public Health and THE NATION'S HEALTH

Official Monthly Publication of the American Public Health Association

Volume 35

April, 1945

Number 4

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SHALL WE DECLARE WAR AT SAN FRANCISCO?

THE forthcoming conference of the United Nations at San Francisco is not to be merely a Peace Conference. It will deal with the cleaning up of the confusions and tragedies of the past; but also with planning for the future. Its emphasis will be positive, rather than negative. Its purpose is not to make peace with Germany and Japan; but—on behalf of all peoples of good will—to declare war against war, war against selfish and aggressive nationalism, war against injustice and exploitation, war against political and economic chaos.

Among other things it is our confident hope that it will declare a new and intensified war against disease.

There is no field where international coöperation is easier or more obvious than in the war against disease. Furthermore, from the notably successful career of the Health Section of the League of Nations, we know almost exactly what type of international health organization is needed. We can blueprint the desirable machinery with confidence and reasonable completeness. We are not thinking in terms of any Global Super-Health-Department, but of a sort of General Staff, for the coördination of the results of research and of administrative practice in the field of public health, for the interchange of epidemiological intelligence, for aid in the training and distribution of sanitary personnel, for placing the best available expert service at the disposal of those nations who desire assistance in solving the urgent health problems of the post-war world.

The backbone of such a health organization must be its Secretariat. This need not be a large body and may be thought of at first in terms of scores rather than hundreds of experts. These experts must, however, be of high professional standing and of full loyalty to ideals of international service, under a Director of the finest quality. The Secretariat should—as in the case of the League of Nations—work under general policies laid down by a Health Committee of fifteen to twenty members, chosen as individuals on the ground of their special competence.

Finally, the Health Organization should have the aid of an Advisory Council made up of the heads of all national health services of the United Nations, to be convened once a year for criticism and advice.

In one respect, the League machinery should be modified, by the inclusion of definite provisions for regional health organizations. The lack of decentralization was perhaps the most serious defect of the Geneva covenant. We have in the Pan-American Sanitary Bureau an established and functioning regional organization for the Americas which must be tied into the United Nations program; and similar regional machinery should be set up for other continents or (in the case of Africa) parts of continents.

This is, in general, the type of Health Organization needed for the World War against disease. We trust that the United States delegates at San Francisco will make such an organization an integral part of their program.

THE HILL-BURTON BILL

SENATE BILL 191 "To amend the Public Health Service Act to authorize grants to the States for surveying their hospitals and public health centers and for planning construction of additional facilities, and to authorize grants to assist in such construction" is one of the measures now before the Congress which is of vital interest to all public health workers. Its aim is a threefold one: to inventory existing facilities, to develop programs which will insure "the necessary physical facilities for furnishing adequate hospital, clinic and similar services to all of the people," and to aid, through federal grants, the construction of such physical facilities as may be necessary to develop such a program.

The operation of the plan is placed in the hands of the Surgeon-General of the U. S. Public Health Service under the general guidance of a Federal Advisory Council, and payments shall, in general, be made to the state concerned—after approval of any specific project. Payments may, however, be made directly to an institution desiring aid for a needed project if the state is not authorized by law to make payments to the applicant in question. This will make possible aid to private institutions, particularly those supported by religious bodies.

Any such measure as this obviously requires very careful study as to administrative detail. The Association was represented at hearings on this bill held in February by Dr. Reginald M. Atwater, who made certain important concrete suggestions in regard to the constitution and powers of the Advisory Council, the importance of financial participation by the states themselves, the need for emphasizing the health center features of the bill and other details which, we trust, may receive favorable consideration.

In general, the Hill-Burton Bill has received wide support from hospital, health, and medical authorities. It appears to be favorably regarded by Congressional leaders, except the band of die-hards who are still living in the 18th century. The Bill has been found by the Executive Board of the A.P.H.A. to be in reasonable conformity with Recommendation IV * of the official policy of our Association adopted last fall. It should, in principle, receive the support of the public health professions.

* *A.J.P.H.*, 34, 12:1254 (Dec.), 1944.